



Owner Application for Installation of Hurricane Shutters

Bayside Condominiums Association of Brevard, Inc.

c/o Management: Reconcilable Differences, Inc. 321-453-1585

(fax: 305-6199) or email Office@RecDif.com

FROM: Name: _____ Unit _____

Type of Shutter: () Accordion () Roll Down

Manufacturer of Shutter: _____

Contractor Company Name/Phone: _____

ESTIMATED DATE OF INSTALL: _____

It is requested that I (we) be permitted to install the shutters for the subject unit. I (we) agree to be in accordance with the specifications set by the ASSOCIATION.

- Approval of the Board of Directors **prior** to the installation of the storm shutters.
- A copy of the contract/estimate, showing specifications of installation, type and manufacturer of shutter being installed.
- All shutters must be white.
- Contractor must use non-rusting fasteners, stainless steel screws, and caulk ALL holes and around outside of housing.
- The maximum screw length is 1 3/4"
- Conduits may not be attached to the exterior walls
- Any intermediate vertical post required for shutters on balconies must line up with the vertical posts on the railings.
- Copy of the City of Cape Canaveral Permit must be returned to the management office for inclusion in your file after final approval.
- Owner understands that from time to time, Association **MUST** require the removal of owner-installed items to maintain the building. Owner further understands that all costs for removal /reinstallation are an Owner Responsibility

The undersigned agree to the terms above:

Owner(s) signature _____ Date: _____

_____ Date: _____

Contractor Signature / Company Name: _____ Date: _____

Board representative signature _____ Date: _____